

What is Aged Care Mental Health (ACMH) ECHO?

Kate Furlanetto RN, CMHN
Aged Clinical Nurse Educator

Dr Rajlaxmi Khopade MBBS, MPM , FRANZCP, Cert Adv Tr POA
Consultant Psychiatrist
Aged Psychiatric Assessment and Treatment Team (APATT)



ACMH ECHO

Our aim is to provide information and resources to support your work with nursing home residents and your teams to optimise mental health of residents by establishing a **community of practice**





(Extension for Community Health Outcomes)

ECHO Model® is a learning framework that applies across disciplines for sustainable and profound change.

ECHO participants engage in a virtual community with their peers where they share support, guidance and feedback.

“MOVING KNOWLEDGE, NOT PEOPLE”



ECHO around the world

93%

Countries Touched by
ECHO

600+

Training Centers

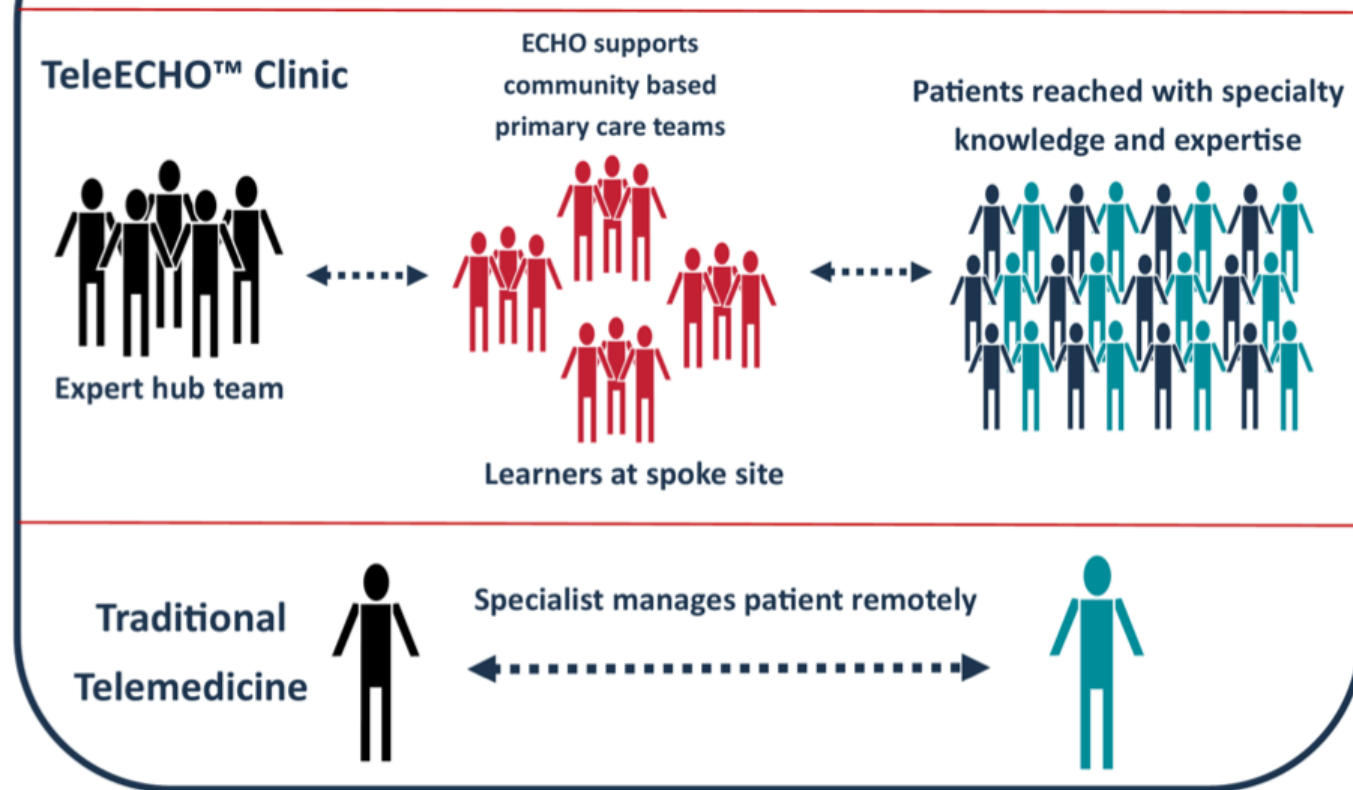
3,000+

ECHO Programs
Created

Guiding Principles

- Amplification - use Technology to leverage scarce resources
- Share Best practices - reduce disparity
- Case-based learning - master complexity
- Web Database - monitor outcomes to increase impact

ECHO vs. Telemedicine



ECHO model is not ‘traditional telemedicine’.
The clinician retains responsibility for managing patient.

Who lives in residential aged care?

Around 245,000 people lived permanently in a residential aged care facility at some point during 2019–20.

Almost two-thirds (64%) of women and almost half (47%) of men living in permanent residential care were aged 85 years and over.

4,900 younger people live in permanent residential aged care (2.6% of people),

Australia's population is growing, particularly the older population, there will be future increased demand for beds.



In 2019,
estimated
that over half
of people
living in RAC
have
dementia



Older Australians in
residential aged care
facilities **are five
times** more likely
than those living
independently to
experience mental
health issues



Greater
demand for
MH care in
RAC

Less
consistent
access to
healthcare
they need

The aged care
sector is facing
an ageing
population with
increasing
frailty.

Australians are living longer
than ever before.

With advanced age comes
greater frailty.

It is projected that
the number of
Australians aged
85 years and over
will increase from
515,700 in 2018–
19 to more than
1.5 million by
2058

Older people are
more likely to
have more than
one health
condition
(comorbidity) as
their life
expectancy
increases.

As the population of older
people increases, more people
are expected to have memory
and mobility disorders.

Who works in residential aged care?

In 2016 more than 366,000 aged care workers,
including 240,000 direct care workers in aged care.
Almost 9 in 10 workers in aged care were female - 87% of those in
residential care.

Workforce was generally older

Aged Care Employee Day, 7 August



Who oversees safety and quality in residential aged care?

The Aged Care Quality and Safety Commission

The national end-to-end regulator of aged care services and are focused on delivering a world class sector that safeguards the welfare and rights of consumers.

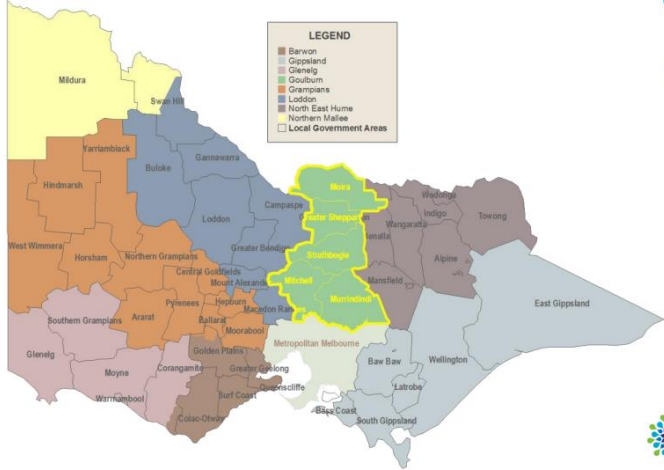


ACQS Role

- ACQS are invested in engagement and education to:
 - build confidence and trust in aged care
 - empower consumers
 - support providers to comply with quality standards
 - promote best practice service provision.

RACs in our region:

Allawah Care Hostel	Yarrawonga
Amaroo Lodge (Granite Hill)	Euroa
Southern Cross Aged Care - Ave Maria Vilages	Shepparton
Banawah Aged Care	Nathalia
Barrabill House	Seymour
Barwo Homestead	Nathalia
Caladenia Nursing Home	Kilmore
DUGH Darlingford Upper Goulburn Hostel	Eildon
Dianella Hosetl	Kilmore
Grutzner House	Shepparton
Harmony Village	Shepparton
Irvin House	Cobram
Karana Aged Care Facility	Yarrawonga
Karingal Hostel	Seymour
Karinya	Numurkah
Numurkah Pioneers Memorial Lodge	Numurkah
Kellock Lodge	Alexandra
Mercy Place	Shepparton
Moyola Aged Care Incorportaed	Tatura
Nagambie Hospital	Nagambie
Nathalia District Hospital - Banawah Wing	Nathalia
Ottrey Lodge	Cobram
Parkavilla Aged Care	Tatura



Rumbalara Elders Facility	Shepparton
Shepparton Aged Care (Menarock life)	Shepparton
Sunlight Residential Aged Care TLC Aged Care	Whittlesea
Shepparton Villages - Hakea Lodge	Shepparton
Maculata Place	Shepparton
Banksia Lodge	Kialla
Rodney Park Village (Mooroopna Place/Waratah/Grevillea/Boronia)	Mooroopna
Violet Town Bush Nursing Centre	Violet Town
Villa Maria Catholic Homes	Shepparton
Kialla House	Kialla
Waranga Aged Care hostel	Rushworth
Waranga Nursing Home	Rushworth
Warrina Hostel	Yarrawonga
Willowmeade	Kilmore
Woods Point Aged Care	Yarrawonga

A typical ECHO looks like this ...

1.30	Introduction to the didactic speaker
1.35	Didactic presentation (15 minutes MAX)
13.45/13.50	Questions for the expert/didactic speaker
13.55/14.00	Case presentation with a clinical/management question
14.15	Questions to clarify what has been presented
14.20	Discussion/recommendations
14.30	Close

Please have CAMERAS ON and MICS OFF to promote collegial experience

START ON TIME and FINISH ON TIME.

Feedback/Survey after each session



PLEASE SEND THIS CASE FOR DISCUSSION TO

EMAIL: lisa.pearson@gvhealth.org.au or phone 0448 837 096 to discuss

Person details

Year of Birth:

Gender:

Ethnicity:

Nursing Home:

Case presenter:

GP:

(All patient information will be de-identified for Project ECHO)

What is your main concern/s about this person?

Tick all that relate to your main concern/s and describe;

- ☐ Pain: _____
- ☐ Sleep/drowsiness: _____
- ☐ Appetite: _____
- ☐ Agitation/aggression: _____
- ☐ Mood/anxiety/psychosis/hallucinations/paranoia: _____
- ☐ Cognition/memory: _____
- ☐ Falls: _____
- ☐ Inappropriate behaviour: _____

Current functioning – basic ADLs (Bathing Dressing Transfers Toileting Continence Feeding)

- Mobility
- Socialisation

A typical day for the resident:

Diagnoses (please list physical and mental health):

Other relevant mental health history:

Investigations:

Current medications:

What has been tried to address the problem?

What is important to the person and family?

Any other comments/information:

An ECHO will only thrive with your engagement

- It is here for us all to
 - Get to know each other
 - Develop networks
 - Discuss clinical cases
 - Develop our skills and knowledge
- The motto is “All teach – all learn”



We welcome case presentations

Questions?